Notification of _azardous Waste Site _

United States **Environmental Protection** Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the ComprePlease type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

hensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981. 1LS-000-001-414 A Person Required to Notify: Name JOHN SEXTON CONTRACTORS CO. Enter the name and address of the person or organization required to notify. SOUTH WOLF Id. city HillsidE В Site Location: Name of Site MATTESOM / SEXTON Enter the common name (if known) and actual location of the site. Street SAUK TRAIL + CENTRAL AV City KILL TON PARK County COOK State IL Zip Code 609 Person to Contact: Name (Last, First and Title) DANIELS, ARTHUR A. Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form, **Dates of Waste Handling:** To (Year) 1979 Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site. Waste Type: Choose the option you prefer to complete Option I: Select general waste types and source categories. If Option 2: This option is available to persons familiar with the you do not know the general waste types or sources, you are Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261). encouraged to describe the site in Item I-Description of Site. General Type of Waste: Specific Type of Waste: Source of Waste: EPA has assigned a four-digit number to each hazardous waste Place an X in the appropriate Place an X in the appropriate listed in the regulations under Section 3001 of RCRA. Enter the boxes. The categories listed boxes. appropriate four-digit number in the boxes provided. A copy of overlap. Check each applicable the list of hazardous wastes and codes can be obtained by category. contacting the EPA Region serving the State in which the site is located. 1.
Organics 1.
Mining 2.

Inorganics 2.

Construction 3.

Textiles 3.

Solvents 4.
 Fertilizer 4.

Pesticides 5.
Heavy metals 5.
Paper/Printing 6. Acids 6. Leather Tanning 7.
Bases 7. | Iron/Steel Foundry 8.
PCBs 8.

Chemical, General 9. Mixed Municipal Waste 9.
Plating/Polishing 10. Unknown 10. ☐ Military/Ammunition 11.X Other (Specify) 11.

Electrical Conductors COMMERCIAL 12. ☐ Transformers INDUSTR: AL 000107 JUN-981 13.

Utility Companies 14. Sanitary/Refuse 15.
Photofinish US EPA RECORDS CENTER REGION 5 16. ☐ Lab/Hospital 17. Unknown 18. Other (Specify)

RESIDENTIAL COMBRECIAL

	Notification of Hazardous Waste Site	Side Two	•
F	Waste Quantity: Place an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres. Known, Suspected or Likely Releases to Place an X in the appropriate boxes to indicate or likely releases of wastes to the environment.	e any known, suspected, it.	Total Facility Waste Amount bic YARS cubic feet 502,801 gallons Total Facility Area square feet acres 84.9 A
	hazardous waste sites. Although completing	the items is not required, you are encour	d local governments in locating and assessing raged to do so.
Н	Sketch Map of Site Location: (Optional Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.)	
i	Description of Site: (Optional) Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.		
J	trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person	Name ACTIVIC A. JAHIC Street City State	Owner, Present Owner, Past Transporter Operator, Present Operator, Present Operator, Past Other



Form Approved OMB No. 2000-0138 EPA Form 8900-1

Notification or lazardous Waste Site

United States Environmental Protection Agency Washington DC 20460

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	This initial notification informat required by Section 103(c) of the hensive Environmental Respons sation, and Liability Act of 1980 be mailed by June 9, 1981.	e Compre- a e, Compen- p	lease type or print dditional space, use aper. Indicate the le which applies.	separate sheets etter of the item			
			#	450		125-0	000-001-4
Ā	Person Required to Notify:		11/4/	16 00:00	1 (0		IslandPL
	Enter the name and address of to or organization required to notify	the person No. S. S. S. C.	tree: 14000	South South	Seeley	AVE	13 14 14 PL
B	Site Location:		ame of Site				
	Enter the common name (if know actual location of the site.	wn) and –			+ CENTA	SANK T	AUL + central
J	LD98060622	9 9	in Richton	OKEK County CO	OK State	11	Zip Code 6047
C	Person to Contact:			11 MARC	1 to me	2 C T	1 Ana MA
	Enter the name, title (if applicab business telephone number of the contact regarding information submitted on this form.	he person	ame (Last, First and Title hone $B/2$)	379-12	K James	28 L	oper.me
<u> </u>	Dates of Waste Handling:	· · ·					
	Enter the years that you estimate		om (Year) 1977	To (Year)	1977		
	treatment, storage, or disposal be ended at the site.	egan and _				- -	
	waste Type: Choose the option I: Select general waste tyou do not know the general waste to encouraged to describe the site is General Type of Waste:	on you prefe ypes and sour ste types or so in Item I—Des	er to complete ce categories. If burces, you are cription of Site. Vaste:	Resource Col regulations (4 Specific Typ	nservation and R 40 CFR Part 261) e of Waste:	ecovery Act	sons familiar with the t (RCRA) Section 300
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	Notification of Hazardous Wastr ite	Side Two		
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	indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	 Piles Land Treatment Landfill Tanks Impoundment Underground Injection Drums, Above Ground Drums, Below Ground Other (Specify) 	gallons Total Facility Area square feet acres	5
G	Known, Suspected or Likely Releases to	the Environment:		
	Place an X in the appropriate boxes to indicate or likely releases of wastes to the environmen	e any known, suspected,	☐ Known ☐ Suspected ☐ Li	kely 🗆 None
	Note: Items Hand I are optional. Completing hazardous waste sites. Although completing	the items is not required, you are en	and local governments in locating couraged to do so.	and assessing
Н	Sketch Wap of Site Location: (Optional Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.) · · · · · · · · · · · · · · · · · · ·	·.	,
<u> </u>	Description of Site: (Optional) Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.			·.
J	(such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person	street Sity State Signature AND DATE	☐ Own ☐ Tran ☐ Oper	ator, Present ator, Past

\$EPA

MS Notification of lazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies

sation, and Liability Act of 1980 and must which applies. 810609 be mailed by June 9, 1981. 165-000-001-413 Person Required to Notify: Name MRS. EilERH G. SEXTON Enter the name and address of the person 1815 SO. WOLF Rd or organization required to notify. В Site Location: Name of Site MA++ESON / SEX TON Enter the common name (if known) and actual location of the site. Street SAUK TRAIL + CENTRAL AU City RichTON PARK County COOK State IL Name (Last, First and Title) SEXTON, 51/8EN 6. Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form. **Dates of Waste Handling:** Enter the years that you estimate waste To (Year) treatment, storage, or disposal began and ended at the site. Waste Type: Choose the option you prefer to complete Option I: Select general waste types and source categories. If Option 2: This option is available to persons familiar with the you do not know the general waste types or sources, you are Resource Conservation and Recovery Act (RCRA) Section 3001 encouraged to describe the site in Item I—Description of Site. regulations (40 CFR Part 261). Specific Type of Waste: General Type of Waste: Source of Waste: EPA has assigned a four-digit number to each hazardous waste Place an X in the appropriate Place an X in the appropriate listed in the regulations under Section 3001 of RCRA. Enter the boxes. The categories listed boxes. appropriate four-digit number in the boxes provided. A copy of overlap. Check each applicable the list of hazardous wastes and codes can be obtained by category. contacting the EPA Region serving the State in which the site is located. 1.
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Chemical, General 9. Mixed Municipal Waste 9.

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Military/Ammunition 11. Other (Specify)
COMMERC, AL 11.

Electrical Conductors 12.

Transformers 000102 JUN -981 INCUSTRIAL 13. Utility Companies 14. KSanitary/Refuse 15.
Photofinish 16. ☐ Lab/Hospital

Form Approved OMB No. 2000-0138

EPA Form 8900-1

JUN 09 1981

17. Unknown
18. Cother (Specify)

Commercy

Lesiden Tink

Commercy

Lesiden Tink

	Notification of Hazardous Waste Site	Side Two		
F	Waste Quantity:	Facility Type	Total Facility Waste Amount	
	Place an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.	1. Piles Cubic	YAK45 502, 801	
		2. ☐ Land Treatment 3. ██ Landfill	gallons	
		4. 🗆 Tanks	Total Facility Area	
		5. ☐ Impoundment6. ☐ Underground Injection	square feet	
	In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	7. □ Drums, Above Ground8. □ Drums, Below Ground	acres 84. 9 A	
 G	Known, Suspected or Likely Releases	9. Other (Specify) to the Environment:		
G	Place an X in the appropriate boxes to indica or likely releases of wastes to the environment	ite any known, suspected,	☐ Known ☐ Suspected ☐ Likely ★None	
	Note: Items Hand I are optional. Completing hazardous waste sites. Although completing	g these items will assist EPA and State and	local governments in locating and assessing aged to do so.	
H	Sketch Map of Site Location: (Options	al)		
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	may help describe the site conditions.			
	Signature and Title:			
	The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing	Name MRS. EILEIH G. SE	W → Wowner, Present □ Owner, Past	
		Street	☐ Transporter	
		City State	☐ Operator, Present☐ Operator, Past☐ Operator	
	Check the boxes which best describe the relationship to the site of the person		☐ Other	
	required to notify. If you are not required	Signature	Date	
	to notify check "Other" (SEG ATTACK	AMENI)		